

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For the	e 2017 calendar year, or tax year beginning and c	ending							
В	Check if	C Name of organization		D Employer identific	cation number					
	Addre	American Legislative Exchange Council		1						
	Name chang			52-0	140979					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e E Telephone numbe	r					
	Final return			703-	373-0933					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,352,239.					
	Amen return	Arlington, VA 22202		H(a) is this a group re	eturn					
	Application	F Name and address of principal officer MIS. LISA D. NEISOI	n /	for subordinates	? Yes X No					
	pendi	same as C above	14	H(b) Are all subordinates in	ncluded? Yes No					
1.	Tax-ex	empt status. X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) g	∯r <u>∕</u> 52	If "No," attach a	list (see instructions)					
		te: > www.alec.org		H(c) Group exemptio						
		organization: X Corporation	L Yea	<u>ir of formation: 1975 N</u>	A State of legal domicile: IL					
P	art I	Summary	,							
é	1	Briefly describe the organization's mission or most significant activities Assi								
Governance		Congress & the public by sharing research								
ern	2	Check this box if the organization discontinued its operations or dispose	sed of mo	re than 25% of its net as						
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	23					
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23					
Ç ş	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	58					
矮	6	Total number of volunteers (estimate if necessary)		6	28					
SCANNAED	1	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.					
四	b	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b	0.					
			<u> </u>	Prior Year	Current Year					
9	8	Contributions and grants (Part VIII, line 1h)	-	8,873,957.	8,765,064.					
ਸ਼ੁੈev⊜ਜਪੋਉ	9	Program service revenue (Part VIII, line 2g)	-	990,608.	1,104,038.					
Ę.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	3,897.	6,463.					
-	4 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	476,717.	476,674.					
4010	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	10,345,179.	10,352,239.					
5	1 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\vdash	18,500.	15,000.					
	17	Benefits paid to or for members (Part IX, column (A), line 4)	\vdash	0.	0.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	3,774,801.	4,221,861.					
ě	162	Professional fundraising fees (Part IX, column (A), line 11e)	c 2	41,000.	46,450.					
EXT	_ D	Total fundraising expenses (Part IX, column (D), line 25) 570, 26	03.							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<i>t</i> 5,222,281. 9,056,582.	5,953,884.					
	18	Total expenses Add lines 13-17 (must equal Part IX column A) The 25) Revenue less expenses Subtract line 18 from line 12	— ⊢	1,288,597.	10,237,195. 115,044.					
-Sa		Tieveride iess experises edictract line to morn line 12		Beginning of Current Year						
Assets or Assets or Assets	20	Total assets (Part X, line 16) Total line little (Part X, line 26)	୪ ⊦	6,875,636.	End of Year 6,438,760.					
ASS	21	Total liabilities (Part X, line 26)	윘	2,719,637.	2,167,717.					
E SE		Net assets or fund balances Subtract line 21 from line 20 CD CN	ž -	4,155,999.	4,271,043.					
		Signature Block	1	111001000	1/2/2/0204					
		ilties of perjury, I declare that I have examined this return, including accompanying schedules	s and state	ments, and to the best of m	v knowledge and belief, it is					
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,					
		Washin		11/1/	18					
Sig	n	Signature of officer		Date	 					
Hei		Mrs. Lisa B. Nelson, CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's agrature .	,	Date Check	PTIN					
Paid	d	Thomas J. Raffa	-	self-employe	P00916458					
Pre	parer	Firm's name Raffa; P.C.		Firm's EIN	52-1511275					
	Only	Firm's address 1899 L Street, NW, Suite 850	••		ž+					
	Washington, DC 20036									
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
	001 11-2		ons. /_l	42	Form 990 (2017)					

Form 990 (2017)

Form 990 (2017) American Legislative Exchange Council Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7	<u>X</u> _
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>X</u>	ļ <u>.</u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	444	Х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_	
128	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		'	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		. X _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.
	complete Schedule G, Part III	<u>19</u>	000	X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Par		if Schedule O contains a response or note to any line in this Part V						
	Olleck	in ochedule o contains a response of note to any line in this hart v			\neg	V	<u> </u>	-
1a	Enter the num	ber reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	25	+	Yes	No	į
b		ber of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				l
c		zation comply with backup withholding rules for reportable payments to vendors and r				,		ļ
Ū	•	nings to prize winners?	openant gammg	1	1c	X		,
2a		ber of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			-		,)	į
		elendar year ending with or within the year covered by this return	2a	58	٠,	.		
b		is, reported on line 2a, did the organization file all required federal employment tax retu	· · · · · · · · · · · · · · · · · · ·		2b	X	*******	•
-		im of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction						i
За		zation have unrelated business gross income of \$1,000 or more during the year?	,	3	3a		X	•
b	_	tifiled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O	3	3b			•
4a	At any time du	uring the calendar year, did the organization have an interest in, or a signature or other	authority over, a					
	financial acco	unt in a foreign country (such as a bank account, securities account, or other financial	account)?	4	4a		Х	_
b	If "Yes," enter	the name of the foreign country				1		1
	See instructio	ns for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)				23-75 7-47-47	ļ
5a	Was the organ	nization a party to a prohibited tax shelter transaction at any time during the tax year?		٤	5a		X	-
b	Did any taxab	le party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	_5	5b		X	_
C	If "Yes," to line	e 5a or 5b, did the organization file Form 8886-T?		_5	5c			_
6a	Does the orga	inization have annual gross receipts that are normally greater than \$100,000, and did t	the organization solid	oit				
	•	ons that were not tax deductible as charitable contributions?		<u>_6</u>	6a		X	-
b		ne organization include with every solicitation an express statement that such contribu	itions or gifts					
	were not tax of			<u> </u>	6b		<u> </u>	-
7	_	s that may receive deductible contributions under section 170(c).						Ì
a		ation receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provided to the		7a		X	-
b		ne organization notify the donor of the value of the goods or services provided?	uon romurad	<u> </u>	7b			-
С	to file Form 82	ization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas required	-	7c		x	
d		ate the number of Forms 8282 filed during the year	7d	- ·	,c			Ī
e		ization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7	7e	* *	X	£
f	_	ization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х	-
g	=	ation received a contribution of qualified intellectual property, did the organization file F			7g			•
h	•	ation received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	·		7h			•
8	Sponsoring of	organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the		مند	,		į
	sponsoring or	ganization have excess business holdings at any time during the year?			8			_
9	Sponsoring of	organizations maintaining donor advised funds.		<u> </u>	.a- 90° 48 .		44100	į
а	Did the spons	oring organization make any taxable distributions under section 4966?		<u> </u>	9a			_
þ	Did the spons	oring organization make a distribution to a donor, donor advisor, or related person?		<u> </u>	9b		<u> </u>	-
10	-	c)(7) organizations. Enter	1 1				. '	İ
а		and capital contributions included on Part VIII, line 12	10a	, `			*	۱
		s, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	——				
11	•	c)(12) organizations. Enter	1 1					ļ
a		from members or shareholders	11a			·		1
b		from other sources (Do not net amounts due or paid to other sources against				,		
40-		or received from them)	11b					į
		(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	126	<u> 1</u>	2a			
		the amount of tax-exempt interest received or accrued during the year	[120]					ļ
13	•	c)(29) qualified nonprofit health insurance issuers. ation licensed to issue qualified health plans in more than one state?		-	3a		-	-
а	-	e instructions for additional information the organization must report on Schedule O		-"	Ja			-
h		bunt of reserves the organization is required to maintain by the states in which the				`	'	١
		s licensed to issue qualified health plans	13b	-				-
c	_	ount of reserves on hand	13c					I
		ization receive any payments for indoor tanning services during the tax year?	<u> </u>	1	4a		Х	•
	-	t filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O		4b			•
				F	orm	990	(2017))

Form 990 (2017) American Legislative Exchange Council 52-0140979 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			لعف
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23			1
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		٠,٠	
h	Enter the number of voting members included in line 1a, above, who are independent 1b 23		i.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		A.,	
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- Tur		Ţ.]
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
000	tion D. I divided (mis dection b requests information about policies not required by the internal revenue dode)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,,,	1 4	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	لشنست
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u> </u>		
Ŭ	In Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		,	1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		r	1.4
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1.00	-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	,		
	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	ł., '	
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	:		1
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed See Schedule O for a full list of states			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.	(0//	-iui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Lisa Bowen, CFO - 703-373-0933			
	2900 Crystal Drive 6th Floor Arlington VA 22202			

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American Legislative Exchange Council

52-0140979

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organization n						nsat						
(A)	(B)			(C Posi		1		(D) Reportable	(E)	(F) Estimated		
Name and Title	Average hours per		(do not check mo			than		compensation	Reportable compensation	amount of		
	week		box, unless person is b officer and a director/tr					from	from related	other		
	(list any	tor						the	organizations	compensation		
	hours for	direc				B		organization -	(W-2/1099-MISC)	from the		
	related	tee o	trustee			ensat	ŀ	(W-2/1099-MISC)		organization		
	organizations	individual trustee or director	nal tr		Key emptoyee	Highest compensated employee				and related		
	below	Mdus	Institutional t	Officer	E E	hest (ē			organizations		
	line)	르	E	₽	a,	포트	횬					
(1) Senator James Buck, IN	1.00									0		
Chair	1 00	X		X	<u> </u>	<u> </u>	_	0.	0.	0.		
(2) Senator Wayne Niederhauser, UT	1.00	.,		37					0	0		
First Vice Chair	1 00	X		X		\vdash		0.	0.	0.		
(3) Representative Jason Saine, NC	1.00	٦,		.,					ا م	0		
Second Vice Chair	1 00	X	_	X		├-	 	0.	0.	0.		
(4) Senator Debbie Lesko, AR	1.00	.		v				0.	0.	0.		
Treasurer	1 00	Х		X			_	0.	0.	0.		
(5) Senator Andre Cushing, ME	1.00	Х		x				0.	0.	0.		
Secretary	1.00	Α		^				0.	0.	0.		
(6) Senator Leah Vukmir, WI	1.00	X		X				0.	0.	0.		
Immediate Past Chair	1.00	Δ		^			-	 	0.	<u> </u>		
(7) Senator Joel Anderson, CA	1.00	X						0.	0.	0.		
Director	1.00	^						<u></u>		<u> </u>		
(8) Delegate Kathy Byron, VA	1.00	x	ĺ			l		0.	0.	0.		
Director	1.00	^				\vdash		•	0.	<u> </u>		
(9) Representative Alan Clemmons,	1.00	x				1		0.	0.	0.		
SC; Director (10) Senator Gary Daniels, NH	1.00					┢			<u> </u>			
Director	2100	x						0.	0.	0.		
(11) Representative Dave Frizzell,	1.00	1		\vdash					<u> </u>			
IN; Director		X						0.	0.	0.		
(12) Speaker Philip Gunn, MS	1.00			Г								
Director		X						0.	0.	0.		
(13) Representative Yvette Herrell,	1.00											
NM; Director		X						0.	0.	0.		
(14) Speaker William Howell, VA	1.00							-				
Director		X						0.	0.	0.		
(15) Senator Brian Kelsey, TN	1.00											
Director		X					L	0.	0.	0.		
(16) Representative Phil King, TX	1.00											
Director		X				L		0.	0.	0.		
(17) Representative Dawn Pettengill,	1.00											
IA: Director	<u> </u>	X				L.		0.	0.	0.		

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	anc	d Hig	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	e Estima		timate	ed
	hours per	box	box, unless person is both an officer and a director/trustee)			s bot	h an	compensation	compensatio	n	an	nount	of
	week		cer an	d a di	recto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for related	5	, ,			ated		organization	(W-2/1099-MIS	,C)		om th	
	jorganizations	ustee	trust		93	Superior		(W-2/1099-MISC)			_	anızat	
	below	ual tr	lona	ľ	ploye	t con	_					d relat anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orge	ai iiZqti	0113
(18) Representative John Piscopo, CT	1.00												
Director		X					L	0.		0.			0.
(19) Representative David Reis, IL	1.00												
Director		X	ŀ					0.		0.			0.
(20) Senator William Seitz, OH	1.00												
Director		X			! 			0.		0.			0.
(21) Senator Jim Smith, NE	1.00												
Director		X						0.	,	0.			0.
(22) Speaker Linda Upmeyer, IA	1.00												
Director		X						0.		0.			0.
(23) Senator Susan Wagle, KS	1.00												
Director		X						0.		0.			0.
(24) Lisa Nelson	40.00												
CEO		1		$ \mathbf{x} $				414,657.	,	0.	1	2,9	61.
(25) Lisa Bowen	40.00												
CFO				X				169,346.		0.	2	5,4	10.
(26) Michael Bowman	40.00	j					İ						
VP - Policy					X			166,386.		0.		4,7	
1b Sub-total							>	750,389.		0.		3,1	
c Total from continuation sheets to Part VI	I, Section A						>	885,843.		0.	6	<u>5,1</u>	05.
d Total (add lines 1b and 1c)							<u> </u>	1,636,232.		0.	12	8,2	27.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			
compensation from the organization													10
										1		Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	or,	highest compensated e	mployee on				_
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ition	and	d ot	her compensation from	the organization			·	
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J i	for such individual			4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	unr	elat	ted organization or indiv	idual for services			_	
rendered to the organization? If "Yes," com	plete Schedui	e J f	or s	uch j	pers	son					5		X
Section B. Independent Contractors													
 Complete this table for your five highest co 	mpensated in	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization Report compensation for	the calendar y	ear	endi	ng w	/ith	or w	ıthır		year.				
(A) Name and business	address							(B) Description of s	services	С	ompe)		n
CMI Communications, 400 I	Mile Cr	oss	siı	ng									
Blvd., Rochester, NY 1463							Audio Visual			296,996.			
									1				
									1				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

See Part VII, Section A Continuation sheets

Form **990** (2017)

American Legislative Exchange Council 52-0140979 Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) (B) (C) (D) (E) Reportable Name and title Average Position Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other week Highest compensated employee the organizations compensation (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization related and related organizations Key employee organizations below Officer line) 40.00 (27) Wilhelm Meierling 182,686. 0. 8,064. Chief Marketing Officer 40.00 (28) Jonathan Williams . X 156,811. 0. 19,049. Chief Economist 40.00 (29) Jeff Lambert X 148,078. 22,654. 0. VP - Member Relations 40.00 (30) Bartlett Cleland X 6,522. 144,709. General Counsel 40.00 (31) Bob Williams 0. 2,631. X 134,370. Senior Fellow 40.00 (32) Sarah Hunt 119,189. 0. 6,185. Task Force Director 65,105. 885,843. Total to Part VII, Section A, line 1c



Form 990 (2017) Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue ifts, Grants 1 a Federated campaigns Membership dues 16 Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 8,765,064 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 8,765,064 h Total. Add lines 1a-1f Business Code 900099 1,035,563. 1,035,563 Program Service Revenue Conferences/seminars 900099 67,309 67,309 Membership dùes 900099 1,166 1,166 Publications `f All other program service revenue 1,104,038. Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,463 6,463. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue <u>Business</u> Code 1,1 a Sublease income * 900099 476,674 476,674 All other revenue 476,674. Total. Add lines 11a-11d

10,352,239.

1,580,712,

· Total revenue. See instructions.

**Sublease income - from non-investment property; non-debt financed

6,463

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)							
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)										
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	15,000.	15,000.								
2	Grants and other assistance to domestic		•								
	individuals See Part IV, line 22										
3	Grants and other assistance to foreign										
_	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·							
	•										
5	Compensation of current officers, directors,	1,004,261.	708,444.	274 436	21 201						
_	trustees, and key employees	1,004,201.	700,444.	274,436.	21,381						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0 000 000			100 001						
7	Other salaries and wages	2,626,695.	2,288,245.	208,416.	130,034						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	62,428.	51,794.	7,990.	2,644						
9	Other employee benefits	283,799.	251,217.	18,196.	14,386						
10	Payroll taxes	244,678.	202,999.	31,316.	10,363						
11	Fees for services (non-employees)										
а	Management	1									
b	Legal	60,767.	50,655.	7,596.	2,516						
С	Accounting	63,657.	53,065.	7,957.	2,635						
	Lobbying										
	Professional fundraising services. See Part IV, line 17	46,450.			46,450						
f,	Investment management fees	20,2000			=0,500						
g g	Other (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch 0.)	232,622.	148,495.		84,127						
12	Advertising and promotion	64,367.	64,367.		01/12/						
13	Office expenses	599,450.	395,367.	23,896.	180,187						
14	Information technology	171,249.	142,753.	21,406.	7,090						
	Royalties	1/1/243.	142,733.	21,400.	7,030						
15	•	1,071,316.	893,049.	133,914.	44,353						
16	Occupancy	286,374.	273,235.	8,630.	4,509						
17	Travel	200,3/4.	4/3,433.	0,030.	4,303						
18	Payments of travel or entertainment expenses	721 065	647 471	74 204							
	for any federal, state, or local public officials	721,865.	647,471.	74,394.	2 0 6 1						
19	Conferences, conventions, and meetings	1,740,266.	1,642,269.	94,936.	3,061						
20	Interest	945.	788.	118.	39						
21	Payments to affiliates .	0.40 1.40	001 040	20.067	10 005						
22	Depreciation, depletion, and amortization	242,140.	201,848.	30,267.	10,025						
23	Insurance	42,128.	36,553.	<u>4,187.</u>	1,388						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
a	Subscriptions/research	300,974.	296,884.	201.	3,889						
b	Dues and membership	218,067.	212,345.	5,645.	77						
c	Bad debt	113,450.	222/0101	113,450.							
	Honoraria & writers fee	11,000.	11,000.	<u> </u>							
d	All other expenses	13,247.	11,067.	1,071.	1,109						
		10,237,195.	8,598,910.	1,068,022.	570,263						
25	Total functional expenses Add lines 1 through 24e	10,431,133.	0,390,910.	1,000,044.	3,0,203						
26	Joint costs. Complete this line only if the organization			1							
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.			İ							
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2017						

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	635,557.	1	708,972.
	2	Savings and temporary cash investments	3,910,114.	2	3,214,855.
	3	Pledges and grants receivable, net	747,645.	3	1,049,300.
	4	Accounts receivable, net	97,642.	4	152,858.
	5	Loans and other receivables from current and former officers, directors,	*		
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			,
		employers and sponsoring organizations of section 501(c)(9) voluntary	-		
ts	İ	employees' beneficiary organizations (see instr) Complete Part II of Sch L	-	6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	261,523.	9	388,269.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 2,008,783.	•		
	b	Less accumulated depreciation 10b 1,196,152.	986,855.	10c	812,631.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	111,302.	12	111,875.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11	124,998.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,875,636.	16	6,438,760.
	17	Accounts payable and accrued expenses	1,028,450.	17	903,650.
	18	Grants payable		18	
	19	Deferred revenue	366,353.	19	214,286.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons		١,	
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	1,324,834.	م ا	1,049,781.
	000	Schedule D	2,719,637.		2,167,717.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and	2,119,031.	26	2,101,111.
"					,
ĕ	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,283,848.	27	1,812,348.
ala	28	Temporarily restricted net assets	2,872,151.	28	2,458,695.
8	29	Permanently restricted net assets	2,0/2,151.	29	2,430,073.
S I	23	Organizations that do not follow SFAS 117 (ASC 958), check here		_23	
Ē		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds	 :	32	<u></u>
Net Assets or Fund Balances	33	Total net assets or fund balances	4,155,999.	33	4,271,043.
	34	Total liabilities and net assets/fund balances	6,875,636.	34	6,438,760.
	, 57	. O.C. III. III. III. III. III. III. III	0,0,0,000		Form 990 (2017)

<u>-orm</u>	990 (2017) American Legislative Exchange Council	52-	-01409/9	Pac	ge_12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,352	2,2	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,237	7,1	95.
3	Revenue less expenses Subtract line 2 from line 1	3_	115	5,0	<u>44.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,155	5,9	<u>99.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,271	_,0	<u>43.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لللم
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			•	. }
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		<u> </u>	لنييا
2a	тельный при на на на на на на на на на на на на на		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	'		, <u>, </u>
	separate basis, consolidated basis, or both				<u>ا</u>
	Separate basis Consolidated basis Both consolidated and separate basis				-1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	• '	.Y.	
	consolidated basis, or both			•	-
	Separate basis X Consolidated basis Both consolidated and separate basis			ı' i	į
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		<u>`</u>	المجيا
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
ο-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 . 1		1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Act and OMB Circular A-133?	ngie Au			X
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rod are	3a		
Ŋ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iieu auc	36		
	or addits, explain with in deflecting of and describe any steps taken to undergo such addits		Form	190 A	2017
			FOIII 4	, J J J	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** American Legislative Exchange Council 52-0140979 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) B A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 L An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 American Legislative Exchange Council 52-0140979 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not					•	
	include any "unusual grants.")	5825882.	6231036.	7393600.	8873957.	8765064.	37089539.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		İ				
3	The value of services or facilities						
	furnished by a governmental unit to					•	
	the organization without charge						
4	Total. Add lines 1 through 3	5825882.	6231036.	7393600.	8873957.	8765064.	37089539.
	The portion of total contributions						
_	by each person (other than a		'				
	governmental unit or publicly				•		
	supported organization) included	,					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2423626.
6	Public support. Subtract line 5 from line 4	,				,	34665913.
	etion B. Total Support						0100001
	ndar year (or fiscal year beginning in)	(a) 2013 '	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	5825882.	6231036.	7393600.	8873957.		37089539.
•	Gross income from interest,				00,000,1		<u> </u>
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,226.	2,528.	2,971.	3,897.	6,463.	18,085.
۵	Net income from unrelated business	2/2201	2,3231	2/3/11	3,03,0	0 / 100 (10,000
3	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						···· · · · · · · · · · · · · · · · · ·
10	or loss from the sale of capital						
	assets (Explain in Part VI)	318,086.	476,751.	476,751.	476,717.	476,674.	2224979.
11	Total support. Add lines 7 through 10		17077527	17077314	17077111	, , , , , , , , ,	39332603.
	Gross receipts from related activities,	etc (see instruction	nns)			12 5	,466,248.
	First five years. If the Form 990 is for			d fourth or fifth ta	ly vear as a section		/100/2101
10	organization, check this box and stor	-	, iii 31, 300011 3 , ii iii	a, 10am, or marte	ix your as a scono	11 00 1 (0)(0)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (column (fl)		14	88.14 %
	Public support percentage from 2016		•	(7)		15	92.07 %
	33 1/3% support test - 2017. If the o			n line 13, and line	14 ıs 33 1/3% ог п		
	stop here. The organization qualifies	•					▶ X
h	33 1/3% support test - 2016. If the o				line 15 is 33 1/3%	or more, check th	
~	and stop here. The organization qual	=					▶□
172	10% -facts-and-circumstances tes				13 16a or 16b a	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•		o ino organ	L
L	10% -facts-and-circumstances tes					17a and line 15 is	10% or
L.	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						`
10	Private foundation. If the organization						
18	rrivate foundation. If the organization	ii did not check a	DON OIT HITE 13, 10	a, 100, 17a, 01 1/C	, check this box a	see mstruction	· •

Schedule A (Form 990 or 990-EZ) 2017 American Legislative Exchange Council 52-0140979 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2017 **(f)**°Total (d) 2016 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support <u>(ь)</u> 2014́ (c) 2015 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) % 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3/%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

<u>sec</u>	tion A. All Supporting Organizations		1	T
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2)	_ 2		, .
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			٠
	organization made the determination	3b		ļ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c_	 -	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	ļ	<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	١.		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	١, ،	<i>I</i> ".	`` -
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		. ,	•
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;		,	.
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		- -	·
	was accomplished (such as by amendment to the organizing document).	5a	<u>.</u>	<u> </u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			-
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		ļ
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		ļ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below .	10a	<u> </u>	
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		1

determine whether the organization had excess business holdings)

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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			i
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	·	l i	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	•		-
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,		
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
<u>560</u>	tion of Type it Supporting Organizations		Yes	N.
	Mark a majority of the eventuation of diseases of the integral disease distinct the top years also a majority of the diseases.		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	1	L
Sec	tion D. All Type III Supporting Organizations		Γ.,	Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		٠ ا	,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	١.		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	*	****	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			<u></u> -
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ľ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	truction	1	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		 -	
_	activities but for the organization's involvement	2b		-
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	<u></u>

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		in Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	l i		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount .		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			,
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a	•	
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			i
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4	Enter greater of line 2 or line 3	4	1	
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting o	organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Par	t V Type III Non-Functionally Integrated 509			2-01409/9 Page 7
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a)(o) Supporting Orga	aniizations (continued)	Current Vee
	on D - Distributions	Current Year		
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
~	organizations, in excess of income from activity			
2	Administrative expenses paid to accomplish exempt purpose	es of supported organization		
	Amounts paid to acquire exempt-use assets	es of supported organization		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<u> </u>	
•	(provide details in Part VI) See instructions	to organization to responsive	•	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,	(1)	(ıi)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7. \$			-
	Applied to underdistributions of prior years			;
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	, , ,			
	any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			ļ ,
	Remaining underdistributions for 2017. Subtract lines 3h			
6	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Part IV, Section A, line 1, Part IV, Sect	Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, ion D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, 5a, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
Schedule A, Part	II, Line 10, Explanation for Other Income:
Miscellaneous	•
2013 Amount: \$	252.
Sublease income	
2013 Amount: \$	317,834.
2014 Amount: \$	476,751.
2015 Amount: \$	476,751.
2016 Amount: \$	476,717.
2017 Amount: \$	476,674.
	•
•	
	<u> </u>
	•

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Name of organization			Empl	oyer identification number
America	n Legislative Exc	hange Coun	cil	52-0140979
Part I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organiz	ation's direct and indirect politica	l campaign activities i	n Part IV	
2 Political campaign activity expendit	ures		▶\$	
3 Volunteer hours for political campai	gn activities			
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)((3).	
1 Enter the amount of any excise tax			▶ \$	
2 Enter the amount of any excise tax	incurred by organization manager	rs under section 4955	▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				-1/01
	ganization is exempt unde			
1 Enter the amount directly expended		· ·		
2 Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	. .	
exempt function activities	Add lines 1 and 2 Enter here on	d on Form 1100 DOL		
3 Total exempt function expenditures line 17b	s Add lines I and 2 Enter here an	id on Form 1120 POL,	, _ c	
_	1120 BOL for this year?		• •	Yes No
4 Did the filing organization file Form5 Enter the names, addresses and er	•	I) of all section 527 no	ditional organizations to which	
made payments For each organiza				
contributions received that were pr	•			•
political action committee (PAC) If				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
ν-,	\ ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	filing organization's	contributions received and
			funds If none, enter -0-	promptly and directly delivered to a separate
	,			political organization
				If none, enter 0
•				
				1

Schedule C (Form 990 or 990 EZ) 2017 Part II-A Complete if the org	Ameri	can Le	gislative E	xchange Cou	ncil 52-0	140979 Page 2
section 501(h)).	,	10 0,00	mpt and a cookie)	.04 1 01111 07 00 (01	
	tion belon	as to an affi	liated group (and list in	Part IV each affiliated	I group member's nam	e. address. EIN.
expenses, and sha		_	• • •		3 P	-,,,
. —			nd "limited control" pro	visions apply		
					(a) Filing	(b) Affiliated group
		oying Expe			organization's	totals
(The term "expend	utures" m	eans amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to infli	Jence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli	•		• • •			
c Total lobbying expenditures (add li		=	-, (aava.a.,a,			
d Other exempt purpose expenditure		,			10,190,745.	
e Total exempt purpose expenditure		s 1c and 1c	1)		10,190,745.	
f Lobbying nontaxable amount Enter	•		•	h columns	659,537.	
If the amount on line 1e, column (a) of	1		bying nontaxable ame		03373371	
Not over \$500,000	7,07.0		the amount on line 1e	ount is.		1
Over \$500,000 but not over \$1,000	2.000		0 plus 15% of the exc	ess over \$500 000	,	
Over \$1,000,000 but not over \$1,5	· · · · · ·		10 plus 10% of the exc		*	į
Over \$1,500,000 but not over \$17.			00 plus 5% of the exce		(15 (4 (4 (1) (17 (119 13) PROCE))) (10 (0) (11 Socialillino	त्र विश्वनाम् व्यवस्थाति । त्रात्र व्यवस्थाति । विश्वने व्यवस्थाति । विश्वने व्यवस्थाति । विश्वने व्यवस्थाति ।
Over \$17,000,000	,000,000	\$1,000,0		33 0461 Ф1,500,000		
0701 417,000,000		Ψ1,000,	000		* ***	1
g Grassroots nontaxable amount (er	ter 25% o	f line 1f)			164,884.	•
h Subtract line 1g from line 1a If zer		•			0.	
Subtract line 1f from line 1c If zero	•				0.	
J If there is an amount other than ze	-		line 1) did the organiza	ation file Form 4720	<u> </u>	
reporting section 4911 tax for this		51 III 16 111 OI	inte 11, did the organiza	ation tile i onti 4720	Г	Yes No
reporting section 4911 tax for this		A-Voor Ave	eraging Period Under	section 501/h)	<u> </u>	
(Some organizations t	hat made	a section 5	01(h) election do not	have to complete all	of the five columns b	elow.
			ate instructions for lin		,	
	Lobi	bying Exper	nditures During 4-Yea	ar Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	53	1,893.	564,630.	600,779.	659,537.	2,356,839.
b Lobbying ceiling amount		•				
(150% of line 2a, column(e))					, v 33	3,535,259.
	•					
c Total lobbying expenditures						
d Grassroots nontaxable amount	13	2,973.	141,158.	150,195.	164,884.	589,210.
e Grassroots ceiling amount (150% of line 2d, column (e))			. •		,	883,815.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 American Legislative Exchange Council 52-0140979 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)	(b)	
	e lobbying activity	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state or				-
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of.			-	
а	Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	-		<u>.</u>	
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				-
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	•		·	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				_er
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	d "No," O	R (b) Par	t III-A, lir	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	-		
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b			2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou actions), and Part II-B, line 1 Also, complete this part for any additional information.	p list); Part I	I-A, lines 1 a	ınd 2 (see	
		· -			
					-
		- ·		<u> </u>	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization Employer identification number American Legislative Exchange Council 52-0140979 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area . Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		<u>n Legislat</u>							<u>40979</u>	
Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	<u>or Oth</u>	er Simi	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following th	at are a s	ignificant	use of its	collection if	tems
	(check all that apply)									
а	Public exhibition	c	3 🗀 L	oan or exc	hange progr	rams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	in how the	ey further t	he organizat	ion's exe	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of				-					
	to be sold to raise funds rather than to be many								Yes	☐ No
Pai	t IV Escrow and Custodial Arran					"Yes" or	Form 99	0. Part IV.	line 9. or	
	reported an amount on Form 990, Pa			J					,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	ns or other a	ssets no	tincluded		,	
	on Form 990, Part X?		,		7				Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	allowing t	able					03	
•	ii roo, oxpiair iio arrangomoni iirr are xiii	and complete the re	2.10 ttillig ti	uoic			<u> </u>	<u> </u>	Amount	
_	Beginning balance						1c		71110011	
c d	Additions during the year						1d			
u	Distributions during the year						1e			
•	Ending balance						1f			
00	Did the organization include an amount on F	orm 000 Port V line	21 for o	norow or o	ustadial ass	oust lish		·	Yes,	☐ No
	If "Yes," explain the arrangement in Part XIII						•	سسا	⊒ tes,	
Pai										<u> </u>
	Elias Villotte Lands. Complete				(c) Two yea			voore back	(a) Four vo	are back
4-	December of wear belongs	(a) Current year	(0) 21	nor year	(C) TWO yes	115 Dack	(a) Tillee	years back	(e) Four ye	Sais Dack
1a	Beginning of year balance									
b	Contributions	•							l	
C	Net investment earnings, gains, and losses	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance -				<u> </u>			· · · · · · · · · · · · · · · · · · ·		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as				•	
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ınd admınıst	ered for t	the organi	zation	_	
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on So	chedule R?	1				3b	
4	Describe in Part XIII the intended uses of the		owment f	unds						
Pai	t Ⅵ	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a S	See Form 99	0, Part X	, line 10			
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Book v	alue /
		basis (investi	ment)	basis	(other)	de	preciation	1		
· 1a	Land									
b	Buildings									
	Leasehold improvements			1,29	4,834.		719,0	56.	575	778.
	Equipment				3,651.		387,2		146	,449.
	Other				0,298.		89,8		90	,404.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	t X, colum					>	812	,631.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

1,049,781.

(9)

	edule D (Form 990) 2017 American Legislative Exch			0140979 Page 4
Pa	Reconciliation of Revenue per Audited Financial State		nue per Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		10 252 220
1	Total revenue, gains, and other support per audited financial statements		1	10,352,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا مم ا	,	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants Other (Departs in Part VIII.)	2c		
d	Other (Describe in Part XIII) Add lines 2a through 2d	2d		0
e	Subtract line 2e from line 1		3	10,352,239.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1			10,332,237.
4		42		
a	Other (Describe in Part XIII)	4a	: •	
b		<u> 40 </u>	4c	0.
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	10,352,239.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		,	
1	Total expenses and losses per audited financial statements		1	10,237,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		}	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		•
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,237,195.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		٠.	
а	investment expenses not included on Form 990, Part VIII, line 7b	4a	·	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	10,237,195.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		; Part V, line 4, Part	X, line 2, Part XI,
Pa:	rt X, Line 2:			
Ma:	nagement reviews and assesses all activit	ties annuall	y to iden	tify any
_			_	
	anges in the scope of the activities and			
<u>tr</u>	eatment thereof to identify any uncertain	nty in incom	ne tax. F	or the year
<u>en</u>	ded December 31, 2017, management did not	t identify a	ny uncert	ainty in
<u>in</u>	come tax requiring recognition or disclos	sure in the	financial	
st	atements.		,	
	•			•
	, ,			·

732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

So to www.irs.gov/Form990 for the latest instructions.

Open to Public

Name of the organization Employer identification number American Legislative Exchange Council 52-0140979 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply a X Mail solicitations Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants g X Special fundraising events c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (IV) Gross receipts to (or retained by) (ii) Activity have custody or control of or entity (fundraiser) from activity fundraiser organization listed in col (i) Axiom - 8460 G Tyco Road, Solicits funds on behalf Yes No Vienna VA 22182 of ALEC's annual conf. Х 1,197,750 35,450 1,162,300. Solicits funds on behalf Thomas Smith - 4533 Shy's Hill Rd. Nashville TN of ALEC's annual conf, 567,500 11,000 556,500. Total 1,765,250, 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Scho Pa		le G (Form 990 or 990-EZ) 2017 America Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
a			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				,
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
•	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	O in column (d)			
	10	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from li				
Pa			answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a	T	#12 Dull taba/gatast		(d) Total coming (odd
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev		0				
_	_1_	Gross revenue		,		
ses	2	Cash prizes				
Expenses	3	Noncash, prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	., .
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a "No," explain	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re	·		year [?]	Yes No
	_					

Schedule G (Form 990 or 990 EZ) 2017 American Legislative Exchange Council 52-0140979 Page 3
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility 13a %
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.
Name
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party
Name 🕨
Address ►
16 Gaming manager information:
Name
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:
· · · · · · · · · · · · · · · · · · ·
(i) Name of Fundraiser: Thomas Smith
(i) Address of Fundraiser: 4533 Shy's Hill Rd., Nashville, TN 37215
·
<u> </u>
<u> </u>

Schedule G	(Form 990 or 990 EZ) Supplemental Info	American	Legislative	Exchange	Council	52-0140979 Pag	je 4
Pail IV	Supplemental info	rmation (continued)				
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

American Legislative Exchange Council

Employer identification number 52-0140979

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		1	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ĺ		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		.	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
-	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III		-	•
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee		,	
	, ,			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		١.	
-	organization or a related organization	, <i>'</i>		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III			
		,		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a	X	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			e.
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

re Council 52-0140979

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Emproyees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).—
Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(ii) for each listed individual must equal the total amount of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	in column (B) reported as deferred on prior Form 990
(1) Lisa Nelson	Ξ	312,657.	102,000.	0.	10,800.	2,161.	427,618.	• 0
!	3	- 1		0.			- 1	0
(2) Lisa Bowen	€ (159,346.	10,000.	0.0	6,820.	18,590.	194,756.	0
(3) Michael Bowman	€ (158,886.	7,500	0.	9 6 7 7 0 0 5	18.051.	191,137.	0
1		٧.	0	0.	4	٠.	1	0
	ε	170,686.	12,000.	0.	7,300.	764.	190,750.	0
Chief Marketing Officer	(ii)	0	0	0.	0	.0		0
(5) Jonathan Williams	(i)	148,311.	8,500.	0	6,301.	12,748.	175,860.	0.
Chief Economist	(ii)	0.	0	0.	• 0	.0	0	0.
(6) Jeff Lambert	(i)	137,078.	11,000.	0.	2,832.	16,822.	170,732.	0.
VP - Member Relations	€	0	0	0	• 0	0.	0	0
_	ε	135,209.	9,500	0	5,780.	742.	151,231.	0
General Counsel	(E)	0	0	0	0	0	0	0
	(3)							
	Ξ							
	Ξ							
	(ii)						,	
	Ξ	:						
	(11)		•					•
	(i)							
	<u>(ii)</u>							
	Ξ							
	(ii)							
	Ξ							
	▣			•				
	Ξ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	Œ							
71-71-01-61-622							Schedu	Schedule J (Form 990) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number Name of the organization 52-0140979 American Legislative Exchange Council Form 990, Part III, Line 4d, Other Program Services: State Outreach Expenses \$ 869,768. including grants of \$ 0. Revenue \$ 0. Membership Expenses \$ 642,705. including grants of \$ 10,000. Revenue \$ 96,370. Form 990, Part VI, Section A, line 6: In accordance with the bylaws of ALEC, full membership shall be open to persons dedicated to the preservation of individual liberty, basic American values and institutions, productive free enterprise, and limited representative government, who support the purposes of ALEC, and who serve, or formerly served, as members of a state or territorial legislature, the United States Congress or similar bodies outside the United States. Form 990, Part VI, Section A, line 7a: Directors are elected each December. The Board shall consist of 23 members of which 18 directors are nominated and elected by the Board of Directors. Three Directors shall be nominated by the Board of Directors from a list of six nominees supplied by the State Chair, one of whom shall be the Chair of the State Chairs. Two Directors shall be elected by the Board of Directors from a list of four nominees supplied by the Task Force chairs, all four of whom shall be Task Force public sector chairs. Form 990, Part VI, Section A, line 8b:

ALEC does not maintain minutes for all committees, but decisions are taken

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 **Employer identification number** Name of the organization American Legislative Exchange Council 52-0140979 to the full board for approval and are documented. Form 990, Part VI, Section B, line 11b: The CFO reviews ALEC's Form 990. Such review takes place upon receipt of the draft Form 990 received from the independent public accounting firm who conducts the financial statement audit of ALEC. The review involves comparison of financial data in the Form 990 with the audited financial statements and review of all narrative information for accuracy and completeness. The CEO of ALEC then reviews the Form 990. Prior to filing, the public disclosure copy of the Form 990 is provided to the full Board of ALEC. Form 990, Part VI, Section B, Line 12c: ALEC has a written conflict of interest policy. Actual or perceived conflicts are addressed by the Board on a case by case basis. Form 990, Part VI, Section B, Line 15a: ALEC compares current salary rates with other non-profits by reviewing various Federal Form 990's to ensure the rates are competitive. The board of directors reviews and approves the compensation of the CEO. The CEO approves the compensation of all other employees, including key employees. Through the annual budget process, board approval of overall salary expense is obtained. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Name of the organization American Legislative Exchange Council	Employer identification number 52-0140979
Form 990, Part VI, Section C, Line 19:	
ALEC makes these documents available upon request.	
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SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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Employer identification number Direct controlling 52-0140979 entity End-of-year assets e Total income ਉ ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) ত্ American Legislative Exchange Council Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

(g) Section 512(b)(13) controlled entity? Identrication of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling Public charity Exempt Code Ē Legal domicile (state or Primary activity Name, address, and EIN Part II

oi related organization		toreign country)	Section	status (II section)	Giring	entity	_
		•		501(c)(3))		Yes	No
Jeffersonian Project - 46-2233126	Educate the public & gov't						!
	policy makers by providing					-	
	search	District of Columbia 501(c)(4)	501(c)(4)			×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 American Legislative Exchange Council

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets		ortionate tons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing A managing bartner? 6 Pes No	(j) (k) General or Percentage partner?
										-		
						·						
	·											
Part IV Identification of Related Organizations Taxable as a Corporation or Institution of the tax year	anizations Taxable a poration or trust durin	is a Corpoig the tax y	5	omplete if th	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ı answered "Y	es" on Form (390, Part IV,	line 34, t	because it ha	d one or n	iore related
(a) Name, address, and EIN of related organization	, Z -	Primi	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Fend-of-year assets	(h) Percentage ownership	(i) Section 512(bX13) controlled entity? Yes No
		,										
		i.										
732162 09-11-17	,				,					Sched	ule R (For	Schedule R (Form 990) 2017

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Yes

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American Legislative Exchange Council Schedule R (Form 990) 2017

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

Dividends from related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

Exchange of assets with related organization(s)

Lease of facilities, equipment, or other assets to related organization(s)

Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

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Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses ۵ Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Jeffersonian Project	Z	420,000.	420,000.Fair Value
(2) Jeffersonian Project	0	101,771.	101,771. Fair Value
(3)			
(4)			
(5)			
(9)			

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Schedule R (Form 990) 2017 American Legislative Exchange Council

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(h) (i) (j) (k)

Disproporbonde amount in box 20 managing ownership

Joseph No (Form 1065) Yes No Share of end-of-year assets 6 Share of total Income Predominant income patiens sec (related, unrelated, orgs or sections 512-514) (state or foreign Legal domicile country) છ Primary activity <u>@</u> Name, address, and EIN of entity

Schedule R	(Form 990) 2017	American	<u>Legislative</u>	Exchange	Council	<u>52-0140979</u>	Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.		· · · · · ·			
	Provide additional informa	ation for responses	to questions on Schedu	ıle R See ınstructı	ons		
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